

U.S. Department of State APPLICATION FOR EMPLOYMENT AS A LOCALLY EMPLOYED STAFF OR FAMILY MEMBER

OMB APPROVAL NO. 1405-0189 EXPIRES: 12/31/2012 ESTIMATED BURDEN: 1 Hour

(This application is for positions recruited by the U.S. Mission under the Office of Overseas Employment's Interagency Local Employment Recruitment Policy)

POSITION					
1. Position Title		2. Grade			
3. Vacancy Announcement Number (If known)		4. Date Available	for Work (mm-dd-yyyy)		
P	ERSONAL INFORM	ATION			
5. Last Name (s) / Surnames	First Name		Middle Name		
6. Other Names Used					
7. Date of Birth (mm-dd-yyyy)	8. Place of Birth				
9. Current address	10. Phone Number Day	s			
	Evening				
	Cell				
11. E-mail Address					
12. Are you a U.S. Citizen?		Yes			
13. Do you have permanent U.S. Resident status?					
14a. U.S. Social Security Number (for U.S. Citizens/Permanent Residents) And / Or 14b. Country Identification Number					
15. Are you legally eligible to work in this country?		Yes No			
If yes, Mission HR may require verification of eligibility. Please attach copies of all documentation that confirms your legal eligibility to work in this country (e.g., work permit, residency permit). If you are not sure if you need to submit proof of eligibility, contact the Mission's HR office.					
16.If hired, are there accommodations the Mission needs to provide so that you can perform all the essential functions and duties of the position? Yes No If yes, please explain					
17. If you are applying for a position that includes driving a U.S. Government vehicle, do you have a valid drivers licence? Yes No If yes, Class / Type of License					
18. What days are you available to work as part of a regularly scheduled work week? (Check all that apply)					
13. Do you have permanent U.S. Resident status?					

☐ Sunday ☐ Monday ☐ Tu	uesday 🔲 Wed	dnesday 🔲	Thursday	ay 🗌 Saturday	
19. Do any of your relatives or members of your household work for the United States Government? Yes No If yes, provide the details below. If you need more space, use an additional sheet of paper. (See instructions for Completing the DS-174 for the definition of relatives and members of household.					
Name	Relat	ionship	Agency, Pos	sition and Location	
	_				
U.S. CITIZEN ELIGIBLE F	AMILY MEMBER (USE	EFM) AND U.S.	VETERANS HIRING PR	EFERENCE	
20. Are you claiming preference in h your status as either a U.S. Citizen E Completing the DS-174 for additional only one)	Eligible Family Memb Il information about tl	er (USEFM) o he USEFM and	r U.S. Veteran? See Ind U.S. Veterans hiring	structions for	
Yes, I am a U.S. Citizen EFM and	d also a U.S. Veterar	_ ′	am a U.S. Veteran		
Yes, I am a U.S. Citizen EFM				en, nor a U.S. Veteran	
If claiming eligibility for U.S. Veteran preference, you must attach a copy of your most recent DD-214, Certificate of Release or Discharge from Active Duty. If claiming conditional eligibility for U.S. Veterans preference, you must submit proof of conditional eligibility.					
	EDU	CATION			
21. Graduate School Name of School, City, State, Country	Dates Attended (mm-dd-yyyy)	Graduate?	Degree / Diploma	Major Subject	
	From	☐ Yes			
	То	☐ No			
Undergraduate College / University Name of School, City, State, Country	Dates Attended (mm-dd-yyyy)	Graduate?	Degree / Diploma	Major Subject	
	From	☐ Yes			
	То	□ No			
High School / GED or Country Equivalent Name of School, City, State, Country	Dates Attended (mm-dd-yyyy)	Graduate?	If no, highest grade level completed		
Traine of Gorloot, Oily, State, Goardy	From	☐ Yes			
	То	□No			
Other, e.g Technical/Vocational School Name of School, City, State, Country	Dates Attended (mm-dd-yyyy)	Graduate?	Certificate / Diploma	Major Subject	
	From	☐ Yes			
	То	□No			

				1		1		1	
	LICE	NSE, SKILLS,	TRAINING	6, MEMBE	RSHIP, A	AND RE	COGNITION	L	
22. List profession abilities you consider certification is a recountry, please lis	der relevant to the quirement of the	e position. Ple position. If lice	ase include ensed in the	e the licens e U.S., plea	e or cert ase list th	ification ne state	number. Attach a of issuance. If lic	a copy if the ensed in an	license or
23. List profession	al organizations	, associations,	awards, ho	onors, fello	wships, a	and pub	lications you cons	sider signific	ant
			LA	NGUAGE	S				
24. List your languages, the appropriate competency levels, and your primary/ first spoken/native language using the language standards below. You may only identify one primary/first spoken/native language. Languages Indicators									
	= Basic Knowled	20		1.	evel IV =	Fluent			
	= Limited knowle						sional Translator /	Interpreter	
	= Good Working			L'	5 V G I V —	1 101633	sional Translator /	interpreter	
Language				Speak Read Write Primary Language?				Language?	
								☐ Yes	□No
								☐ Yes	□No
								☐ Yes	□No
								☐ Yes	☐ No
WORK EXPERIENCE									
Include all work experience, paid and voluntary. Start with your present or most recent work experience. When describing work, list specific duties/responsibilities and accomplishments. Include supervisory responsibilities and the number of employees supervised. Go into as much detail as possible for work experience that directly relates to the advertised position. Include all periods of unemployment and the reason. (Use additional pages, as required) 25a. Job Title (If U.S. Government, include the Series and Grade)									
From(mm-d	To	(mm-dd-	- <u>yy</u> yy)	Salary pe Currency		U.S. D	ollars or Local	Hours per	Week

Employer's Name and Address	Supervisor's Name and Contact Information	n
	Name	
	Phone Number	
	E- mail Address	
May HR contact your current supervisor? ☐ Yes ☐ No		
Describe your major duties/responsibilities and accomplishing	nents.	
Reason(s) for leaving. (Do not write "N/A" or Not applicable)		
25b. Job Title (If U.S. Government, include the Series and G	Grade)	
From To	Salary per year in U.S. Dollars or Local	Hours per Week
(mm-dd-yyyy) (mm-dd-yyyy)	Currency	
	Supervisor's Name and Contact Informatio	n
Employer's Name and Address		II
	Name	
	Phone Number	
	E- mail Address	
May HR contact your current supervisor? ☐ Yes ☐ No		
Describe your major duties/responsibilities and accomplishment	nents.	
Reason(s) for leaving. (Do not write "N/A" or Not applicable)		
05 11 Til (KHO O		
25c. Job Title (If U.S. Government, include the Series and G	orade)	
From To	Salary per year in U.S. Dollars or Local	Hours per Week
(mm-dd-yyyy) (mm-dd-yyyy)	Currency	
	Supervisor's Name and Contact Information	n
Employer's Name and Address	Supervisor's Name and Contact Informatio	11
	Name	
	Phone Number	
	E- mail Address	
May HR contact your current supervisor? ☐ Yes ☐ No		

Describe your major duties/responsibilities and accomplishments.						
Reason(s) for leaving. (Do not write "N/A" or Not applicable)					
25d. Job Title (If U.S. Government, include the Series and C	Grade)					
From To	Salary per year in U.S. Dollars or Local	Hours per Week				
(mm-dd-yyyy) (mm-dd-yyyy)	Currency					
Employer's Name and Address	Supervisor's Name and Contact Information	on				
	Name					
	Phone Number					
	E- mail Address					
May HR contact your current supervisor? ☐ Yes ☐ No						
Describe your major duties/responsibilities and accomplishr	ments.					
Reason(s) for leaving. (Do not write "N/A" or Not applicable						
RE	EFERENCES					
26. List three personal references who are not relatives or former supervisors who have knowledge of your work performance. Mission HR will obtain your permission before contacting any references.						
Name Address or E-r	mail Telephone	Occupation				
	·	·				
SIGNATURE AND CERTIFICATION						

27. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or for terminations/dismissal after I begin work, and may be punishable by fine or imprisonment according to this country's law or U.S. law. I understand that any information I voluntarily provide on or attached to this application may be investigated.

Signature	 Date (mm-dd-yyyy)

DS-174 CONTINUATION SHEET – WORK EXPERIENCE				
25 Job Title (If U.S. Government, include the Series and Grade)				
From To (mm-dd-yyyy) (mm-dd-yyyy)	Salary per year in U.S. Dollars or Local Currency	Hours per Week		
Employer's Name and Address	Supervisor's Name and Contact Information	n		
	Name			
	Phone Number			
	E- mail Address			
May HR contact your current supervisor? ☐ Yes ☐ No				
Describe your major duties/responsibilities and accomplishr	ments.			
Reason(s) for leaving. (Do not write "N/A" or Not applicable)				
DS-174 CONTINUATION SHEET – WORK EXPERIENCE				
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From To	Salary per year in U.S. Dollars or Local Currency	Hours per Week		
Employer's Name and Address	Supervisor's Name and Contact Information	n		
	Name			
	Phone Number			
	E- mail Address			
May HR contact your current supervisor? ☐ Yes ☐ No				
Describe your major duties/responsibilities and accomplishr	ments.			
Reason(s) for leaving. (Do not write "N/A" or Not applicable)				